

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 11/21/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/23/2005						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	21	2132	DUPLICATE OF CLAIM-SYSTEM				
		191	42	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	2204	8674	6470
		79	13	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404910	PATHWAYS	8535	259	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	547	13701	13154
		8534	63	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	65	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	20	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	10	121	694	573
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8933	106	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	125	242	1080	838
		10	37	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA VIOAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	11	238	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	772	3314	2542
		10	123	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	215	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	39	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	47	365	13350	12985
		8536	21	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	8599	2622	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	468	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F	5	3456	5499	2043
		11	148	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	5312	2761	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	196	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	3284	8173	4889
		8599	120	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8329	67	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	74	74	0
3404923	FIVE COUNTY MH	8622	76	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	175	2741	2566
		79	26	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404925	SANDHILLS CENTE R FOR MH/DD	8534	346	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	95	1138	11073	9935
		11	108	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2894	DUPLICATE OF CLAIM-SYSTEM				
		8599	486	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	450	5248	7533	2285
		8518	450	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	48	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	125	8088	7963
		10	15	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	44	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	64	106	4159	4053
		8935	14	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	288	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	119	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	199	773	5425	4652
		8935	70	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	302	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	144	CLIENT NOT ELIGIBLE ON SERVICE DATE	15	715	2303	1588
		5404	80	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404934	ONSLow CARTERET BEHAV HEAL	8535	1075	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	229	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	48	1828	3007	1179
		8534	124	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	3	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	4	100	96

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3404937	EDGEcombe NASH MNTL HLTH C	21	1	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	1	1	0
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	11	93	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	112	931	819
		79	4	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S AS CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	ROANOKE CHOWANH UMAN SERVIC	21	23	DUPLICATE OF CLAIM-SYSTEM				
		11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	46	162	116
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	79	54	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	44	139	936	797
		537	12	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA N SERVICES	8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	12	12	0
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	236	236
3404957	TIDELAND MENTAL HEALTH CTR	8599	335	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	413	2769	2356
		8518	26	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

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3404979	NEW RIVER AREAM	21	182	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SA PRO							
		8599	63	DETAIL NOT COVERED BY COMBINAT	51	332	3405	3073
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	46	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				